



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

KATHLEEN S SUMMERS DC

Respondent Name

TEXAS MUTUAL INSURANCE CO

MFDR Tracking Number

M4-14-2977-01

Carrier's Austin Representative

Box Number 54

MFDR Date Received

May 28, 2014

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "We are asking for help to resolved two outstanding bills for Designated Doctor Exams that include Return to Work for the injured worker above. These were billed along with the MMIIR part of the exams. The MMI/IR fees were paid by the carrier. The RTW ones were not, however they were incorrectly coded. Most of the time, these were the modifiers that could have been corrected with a phone call. The EOBs sometimes only state that it is coded wrong, they don't tell you what specifically needs to be corrected. If you call, they just tell you that it is wrong. They were also rejected for timely filing. We have an extenuating circumstance and have tried to explain that to the carrier. We have done the same with other carriers and they have paid the claims, however Texas Mutual and Travelers have not. We have the most claims with Texas Mutual. In January of this year, we had our assistant arrested for felony theft. The amount of damages is around \$16-18,000. We are trying to recoup what was lost because she spent more time trying to hide her theft than doing her job correctly, it seems. After January, we had to go back through what had been done with the DDE's and find out why we had not been paid for some. We are asking for Dispute Resolution's help in getting paid for the work that was done."

Amount in Dispute: \$1,000.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The following is the carrier's statement with respect to disputes of 3/19/13 and 7/16/13.

1. SUMMERS CHIROPRACTIC provided service to the claimant on the date above. Rule 133.307(c)(1)(A) states "... A request for MFDR that does not involve issues identified in subparagraph (B) of this paragraph shall be filed no later than one year after the date(s) of service in dispute. (B) A request may be filed later than one year after the date(s) of service if : (i) a related compensability, extent of injury, or liability dispute under Labor Code Chapter 410 has been filed, the medical fee dispute shall be filed not later than 60 days after the date the requestor receives the final decision, inclusive of appeals, on compensability, extent of injury, or liability ... One year from dispute date 3/19/13 is 3/19/13. The TDI/DWC date stamp lists the received date as 5/28/14 on the requestor's DWC-60 packet, a date greater than one year from 3/19/13. The requestor has waived its right to DWC MDR.
2. SUMMERS CHIROPRACTIC billed code 99456-RR,-W6 for date 7/16/13. (Attachment) An exam for extent of injury, W6, was not requested (See Commissioner Order, DWC-60 packet) even though that is the only bill included in the DWC-60 packet.

No payment is due."

Response Submitted by: Texas Mutual Insurance Company

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
March 19, 2013	CPT Code 99456-W8-RE	\$500.00	\$0.00
July 16, 2013	CPT Code 99456-W8-RE	\$500.00	\$0.00
			\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.204 sets out the fee guideline for workers' compensation specific services.
3. 28 Texas Administrative Code §133.20 sets out the procedures for medical bill submission by health care provider.
4. Texas Labor Code §408.027 sets out the rules for timely submission of claims by health care providers.
5. Texas Labor Code §408.0272 provides for certain exceptions to untimely submission of a medical bill.
6. The services in dispute were reduced/denied by the respondent with the following reason codes:
 - CAC-W1 – Workers Compensation State Fee Schedule Adjustment
 - CAC-18 – Duplicate Claim/service
 - CAC-29 – The time limit for filing has expired
 - 224 – Duplicate charge
 - 731 – Per 133.20 Provider shall not bill later than the 95th day after the date the service for services on or after 9/1/05
 - 748 – Type of examination was not requested (Refer to DWC22 or DWC 32)
 - CAC-W3 – In accordance with TDI-DWC Rule 134.804, this bill has been identified as a request for reconsideration or appeal
 - CAC-163 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly
 - CAC-45 – Charge exceeds fee schedule/maximum allowable or contract/legislated fee arrangement
 - 350 – In accordance with TDI-DWC Rule 134.804, this bill has been identified as a request for reconsideration or appeal
 - 723 – Supplemental reimbursement allowed after a reconsideration of services. For information call 1-800-937-6824
 - 724 – No additional payment after reconsideration of services for information call 1-800-937-5824
 - 790 – This charge was reimbursed in accordance to the texas medical fee guideline
 - CAC-W4 – The procedure code is inconsistent with the modifier used or a required modifier is missing
 - 732 – Accurate coding is essential for reimbursement. Modifier billed incorrectly or missing. Services are not reimbursable as billed
 - 892 – Denied in accordance with DWC Rules and/or medical fee guideline including current cpt code descriptions/instructions

Issues

1. Is date of service March 19, 2013 filed timely in accordance with 28 Texas Administrative Code 133.307?
2. What is the timely filing deadline applicable to the medical bills for July 16, 2013?
3. Did the requestor forfeit the right to reimbursement for July 16, 2013?
4. Is the requestor entitled to reimbursement?

Findings

1. Per 28 Texas Administrative Code §133.307(c)(1) states "Timeliness. A requestor shall timely file the request with the division's MFDR Section or waive the right to MFDR. The division shall deem a request to be filed on the date the MFDR Section receives the request. A decision by the MFDR Section that a request was not timely filed is not a dismissal and may be appealed pursuant to subsection (g) of this section. (A) A request for MFDR that does not involve issues identified in subparagraph (B) of this paragraph shall be filed no later than one year after the date(s) of service in dispute." The date of the services in dispute is March 19, 2013. The request for medical dispute resolution was received in the Medical Fee Dispute Resolution (MFDR) section on May 28, 2014. This date is later than one year after the date(s) of service in dispute. Review of the submitted documentation finds that the disputed services do not involve issues identified in §133.307(c)(1)(B). The Division concludes that the requestor has failed to timely file this dispute with the Division's MFDR Section; consequently, the requestor has waived the right to medical fee dispute resolution.
Therefore, no additional reimbursement is recommended for date of service March 19, 2013.
2. 28 Texas Administrative Code §133.20(b) requires that, except as provided in Texas Labor Code §408.0272, "a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided." No documentation was found to support that any of the exceptions described in Texas Labor Code §408.0272 apply to the services in this dispute. For that reason, the requestor in this dispute was required to submit the medical bill not later than 95 days after the date the disputed services were provided.
3. Texas Labor Code §408.027(a) states, in pertinent part, that "Failure by the health care provider to timely submit a claim for payment constitutes a forfeiture of the provider's right to reimbursement for that claim for payment." 28 Texas Administrative Code §102.4(h) states that "Unless the great weight of evidence indicates otherwise, written communications shall be deemed to have been sent on: (1) the date received, if sent by fax, personal delivery, or electronic transmission or, (2) the date postmarked if sent by mail via United States Postal Service regular mail, or, if the postmark date is unavailable, the later of the signature date on the written communication or the date it was received minus five days. If the date received minus five days is a Sunday or legal holiday, the date deemed sent shall be the next previous day which is not a Sunday or legal holiday." Review of the submitted information finds no documentation to support that a medical bill was submitted within 95 days from the date the services were provided. Therefore, pursuant to Texas Labor Code §408.027(a), the requestor has forfeited the right to reimbursement due to untimely submission of the medical bill for the disputed services.
4. The respondent issued payment in the amount of \$0.00. Based upon the documentation submitted, no additional reimbursement is recommended

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

12/10/14
Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, 37 *Texas Register* 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.